

SWORN STATEMENT IN PROOF OF LOSS

\$7.5 million part of \$10 million

AMOUNT OF POLICY AT TIME OF LOSS

06/22/2004

DATE ISSUED

06/22/2005

DATE EXPIRES

1374229

POLICY NUMBER

Willis of Pennsylvania, Inc.

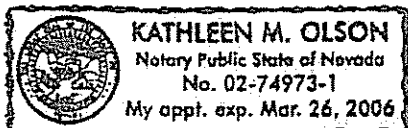
AGENT

Radnor, PA

AGENCY AT

To the Lexington Insurance Company Insurance Company
of Boston, MassachusettsAt the time of loss, by the above indicated policy of insurance, you insured Wynn Resorts, LLC
per schedule: 817 5th Avenue, New York, NYagainst loss by Water Damage to the property described under Schedule "A", according to the terms
and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.1. Time and Origin: A Water Pipe Leak loss occurred about the hour of _____ o'clock
on the 29th day of December, 2004. The cause and origin of the said loss were Pipe leaking in
apartment above insured's residence.2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no
other purpose whatever Personal Residence3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was N/A
interest therein or encumbrance thereon, except: no exceptions No other person or persons had any4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession,
location or exposure of the property described except: no exceptions5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, \$7.5 Mil. Part of \$10 mil.
as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of
insurance, written or oral, valid or invalid.6. Actual Cash Value of said property at the time of the loss was.....\$ To Be Determined7. The whole loss and Damage was\$ 208,665.618. Less amount of Deductible and/or participation by the insured.....Payments already made.....\$ 107,521.779. The Amount Claimed under the above numbered policy is.....\$ 75,857.88Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Co., files a statement of
claim concerning any false incomplete or misleading information is guilty of a felony of third degree.

The furnishing of this blank or the preparation of proofs by a representative of the above company is not a waiver of any of its rights.

State of NEVADACounty of CLARKLinda Young - Insurance ManagerWynn Resorts Limited InsuredSubscribed and sworn before me this 7th day of JUNE, 2005Kathleen M. Olson Notary Public

SWORN STATEMENT IN PROOF OF LOSS

\$2.5 million part of \$10 million

AMOUNT OF POLICY AT TIME OF LOSS

06/22/2004

DATE ISSUED

06/22/2005

DATE EXPIRES

1374229

POLICY NUMBER

Willis of Pennsylvania, Inc.

AGENT

Radnor, PA

AGENCY AT

To the Allied World Assurance Co. Insurance Company
of Boston, Massachusetts

At the time of loss, by the above indicated policy of insurance, you insured Wynn Resorts, LLC
Per schedule: 817 5th Avenue, New York, NY

against loss by Water Damage to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Water Pipe Leak loss occurred about the hour of _____ o'clock
on the 29th day of December, 2004. The cause and origin of the said loss were Pipe leaking in
apartment above insured's residence.

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever Personal Residence

3. Title and interest: At the time of the loss the interest of your insured in the property described therein was N/A
No other person or persons had any
Interest therein or encumbrance thereon, except: no exceptions

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: no exceptions

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, \$2.5 Mil. Part of \$10 mil.
as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Actual Cash Value of said property at the time of the loss was \$ To Be Determined

7. The whole loss and Damage was \$ 208,665.61

8. Less amount of Deductible and/or participation by the insured.....Payments already made.....\$ 107,521.77

9. The Amount Claimed under the above numbered policy is \$ 25,285.96

Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Co., files a statement of claim concerning any false incomplete or misleading information is guilty of a felony of third degree.

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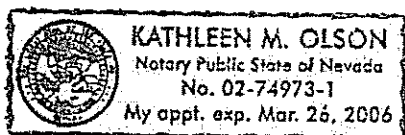
State of NEVADA

County of CLARK

Linda Young - Insurance Manager
Wynn Resorts, Limited Insured

Subscribed and sworn before me this 7th day of JUNE, 2005

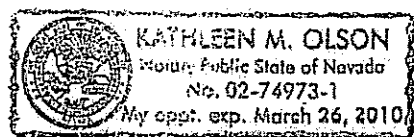
Kathleen M. Olson Notary Public



SWORN STATEMENT IN PROOF OF LOSS

\$7.5 million part of \$10 million
AMOUNT OF POLICY AT TIME OF LOSS06/22/2004
DATE ISSUED06/22/2005
DATE EXPIRESPARTIAL PAYMENT OF AN UNDISPUTED
AMOUNT WITHOUT PREJUDICE1374229
POLICY NUMBERWillis of Pennsylvania, Inc.
AGENTRadnor, PA
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of Boston, MassachusettsAt the time of loss, by the above indicated policy of insurance, you insured Wynn Resorts, LLC
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as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of
insurance, written or oral, valid or invalid.6. Actual Cash Value of said property at the time of the loss was.....\$ To Be Determined7. Partial Damage Claim\$ \$ 810,666.718. Less payments already made.....\$ \$ (208,665.61)9. The Partial Amount Claimed under the above numbered policy is.....75% OF TOTAL APPORTIONED \$ 451,500.83Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Co., files a statement of
claim concerning any false incomplete or misleading information is guilty of a felony of third degree.

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State of NEVADACounty of CLARKLinda Young - Director of Insurance
Wynn Resorts, Limited InsuredSubscribed and sworn before me this 3RD day of OCTOBER, 2007Kathleen M. Olson Notary Public

SWORN STATEMENT IN PROOF OF LOSS

<u>\$2.5 million part of \$10 million</u> AMOUNT OF POLICY AT TIME OF LOSS		<u>1374229</u> POLICY NUMBER
<u>06/22/2004</u> DATE ISSUED	PARTIAL PAYMENT OF AN UNDISPUTED	<u>Willis of Pennsylvania, Inc.</u> AGENT
<u>06/22/2005</u> DATE EXPIRES	AMOUNT WITHOUT PREJUDICE	<u>Radnor, PA</u> AGENCY AT

To the Allied World Assurance Company (U.S.) Inc. Insurance Company
of Boston, Massachusetts
At the time of loss, by the above indicated policy of insurance, you insured Wynn Resorts, LLC
Per schedule: 817 5th Avenue, New York, NY

against loss by Water Damage to the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Water Pipe Leak loss occurred about the hour of _____ o'clock
on the 29th day of December, 2004. The cause and origin of the said loss were Pipe leaking in
apartment above insured's residence.

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever Personal Residence

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was N/A
No other person or persons had any
interest therein or encumbrance thereon, except: no exceptions

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: no exceptions

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, \$2.5 Mil. Part of \$10 mil.
as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. Actual Cash Value of said property at the time of the loss was.....\$	<u>To Be Determined</u>
7. Partial Damage Claim\$	<u>\$ 810,666.71</u>
8. Less payments already made.....\$	<u>\$ (208,665.61)</u>
9. The Partial Amount Claimed under the above numbered policy is.....25% OF TOTAL APPORTIONED \$	<u>150,500.28</u>

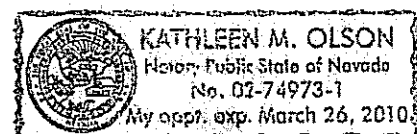
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State of NEVADA
County of CLARK

Linda Young - Director of Insurance
Wynn Resorts, Limited Insured

Subscribed and sworn before me this 3RD day of OCTOBER, 2007



Kathleen M. Olson Notary Public